

Name  
in  
Full

John J. Barnett

CERTIFICATE OF DEATH

Died at <sup>Town</sup> <i>Ponoma</i>		<sup>County</sup> <i>Kent</i>		MARYLAND	
Date of death <sup>Month</sup> <i>Apr</i> <sup>Day</sup> <i>9</i> <sup>Years</sup> <i>80</i>		Age <i>80</i>		<sup>Months</sup> <i>0</i> <sup>Days</sup> <i>0</i>	
Sex <i>Male</i>	Color or Race <i>Col</i>	Birthplace <i>Ind</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Charlotte Barnett</i>				
Father's Name <i>John Barnett</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving Information <i>Wm St Tilghman</i>		How related to deceased <i>Wife</i>			

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

120

Primary <i>Chronic Bright's</i>	How long <i>Several years</i>
Immediate <i>Exhaustion</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. R. Thompson</i>
	Address <i>Chesterton</i>
Accident or Suicidal <i>No</i>	

PHYSICIAN  
OR CORONER

Chas Dodd

Trainer neck

Name  
in  
Full

Emiline Bentley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Edesville</u> <sup>Town</sup>		<u>Kent</u> <sup>County</sup>		MARYLAND	
Date of death	190 <u>9</u> <sup>Month</sup>	<u>April</u> <sup>Day</sup>	<u>17</u> <sup>Age</sup>	<u>1</u> <sup>Years</sup>	<u>8</u> <sup>Months</sup>
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>Kent Co Md</u>
Occupation	<u>None</u>		Where Residing if not at place of death <u>At Place of Death</u>		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband <u>None</u>		
Father's Name	<u>George Bentley</u>			Father's Birthplace	<u>Kent Co Md</u>
Mother's Maiden Name	<u>Jeller Graves</u>			Mother's Birthplace	<u>Kent Co Md</u>
Name of person giving Information	<u>George Bentley</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Not Known</u>	How long	<u>179</u>
Immediate	<u>No Doctor attending</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>J M Satterfield</u>
		Address	<u>S/R</u>
Accident or Suicide	<u>no</u>		<u>Rock Hall Md</u>

473

Name  
is  
Full

Nelson Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Beltsville		County Stenok		MARYLAND	
Date of death		Month Apr	Day 11	Age 21	Months 1	Days	
Sex male		Color or Race col		Birthplace md			
Occupation none				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Geo W Brown		Father's Birthplace md					
Mother's Maiden Name Margaret Jesty		Mother's Birthplace md					
Name of person giving Information Father		How related to deceased					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Acute Intermittent	How long 2 wks.
Immediate Exhaustion	How long several days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H G Simpson
	Address Beltsville
Accident or Suicide No	

Chas. Dodd

James McLeannery  
near town is

Quaker Neck

Name  
in  
Full

Rena Clayton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Coleman</u>		Town		County <u>Stuart</u>		MARYLAND	
Date of death	1909	Month	Apr	Day	10	Years	3
Sex <u>female</u>		Color or Race <u>Black</u>		Birth-place <u>md</u>		Months <u>1</u> Days <u>3</u>	
Occupation <u>                    </u>		Where Residing if not at place of death <u>                    </u>					
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>                    </u>					
Father's Name <u>Ellis Clayton</u>		Father's Birthplace <u>md</u>					
Mother's Maiden Name <u>Emma Pinner</u>		Mother's Birthplace <u>md</u>					
Name of person giving Information <u>E. Clayton</u>		How related to deceased <u>father</u>					

## CAUSES OF DEATH

Primary

Whooping Cough

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

L. P. Atwell M.D.  
Still Pond  
md,

Accident or Suicide

PHYSICIAN  
OR CORONER

to the



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Martha Cooper

Tcwn

County

Del  
MARYLAND

Died at Henderson R.D. Kent

Date of death 1904 apr 1 Age 75 -

Sex female Color or Race colored Birth-place Maryland

Occupation none Where Residing if not at place of death at home of daughter

Married, Single or Widowed widowed Name of Wife or Husband Cooper

Father's Name Wm Stone Father's Birthplace Maryland

Mother's Maiden Name Nancy Kilson Mother's Birthplace Maryland

Name of person giving information Perry Matthews How related to deceased none

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

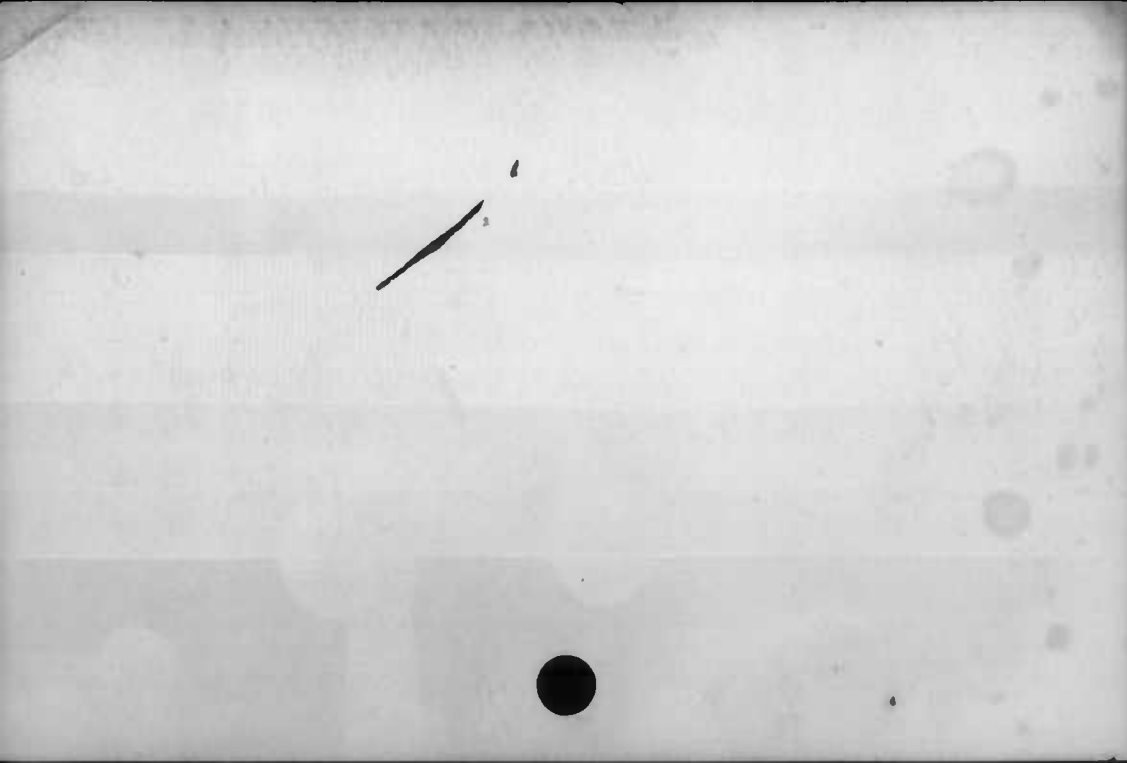
Immediate Cause of Death Broncho Pneumonia

How long one week

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician H. E. Evans

Address Maryland Ind.

Accident or Suicide?



Name  
in  
Full

Earnest Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

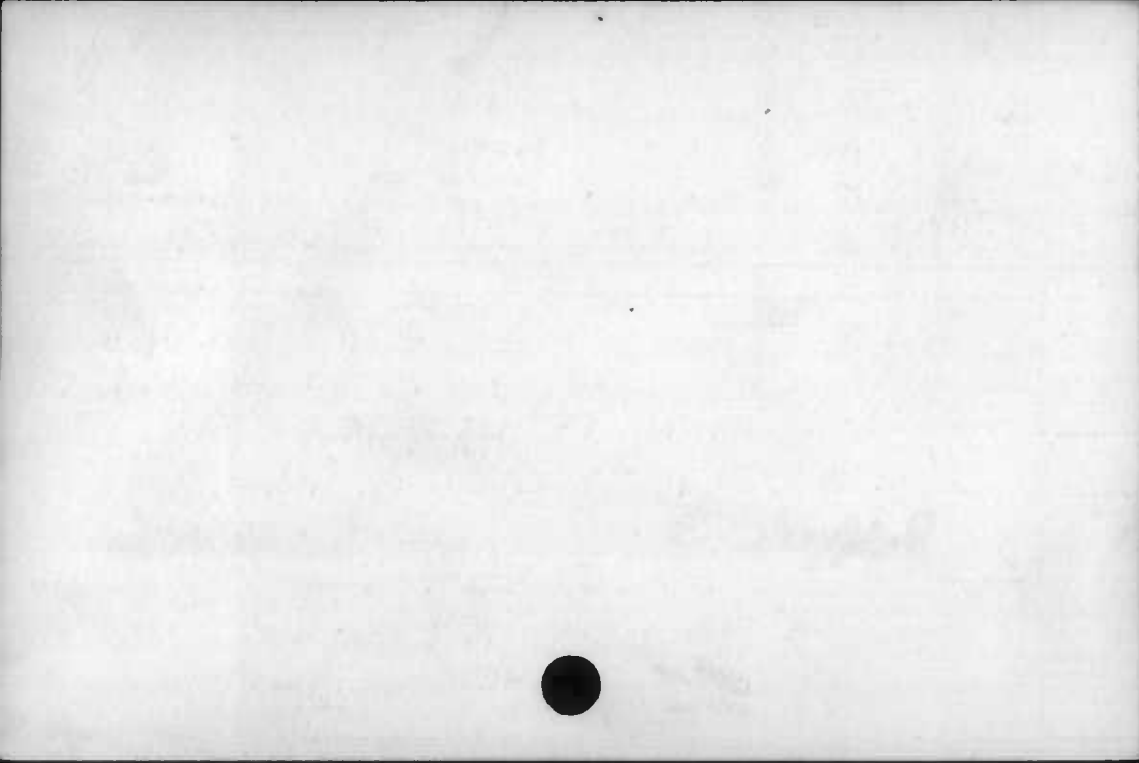
Died at		Town Galena		County Kent		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		4	8	26			
Sex		Color or Race		Birth-place			
male		Colored		Md.			
Occupation		Where Residing if not at place of death					
School Teacher							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Jerry Davis		Md.					
Mother's Maiden Name		Mother's Birthplace					
Julia Floss Les		Md.					
Name of person giving information		How related to deceased					
Gordon Davis		Brother					

## CAUSES OF DEATH

1

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever	How long	7 Weeks
Immediate	Pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. Wm. Lattimer	
		Address	
		Galena, Md.	
Accident or Suicide?			



Name  
in  
Full

Thomas T. Esworthy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Betterton <sup>County</sup> Stent **MARYLAND**

Date of death <sup>Month</sup> April <sup>Day</sup> 18 <sup>Years</sup> Age 78 <sup>Months</sup> - <sup>Days</sup> -

Sex male Color or Race white Birth-place Penna

Occupation Shoe maker Where Residing if not at place of death Betterton

Married, Single or Widowed Widower Name of Wife or Husband \_\_\_\_\_

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Walter H. Esworthy How related to deceased Son

## CAUSES OF DEATH

Primary Paralysis **(66)** How long two weeks.

Immediate \_\_\_\_\_ How long \_\_\_\_\_

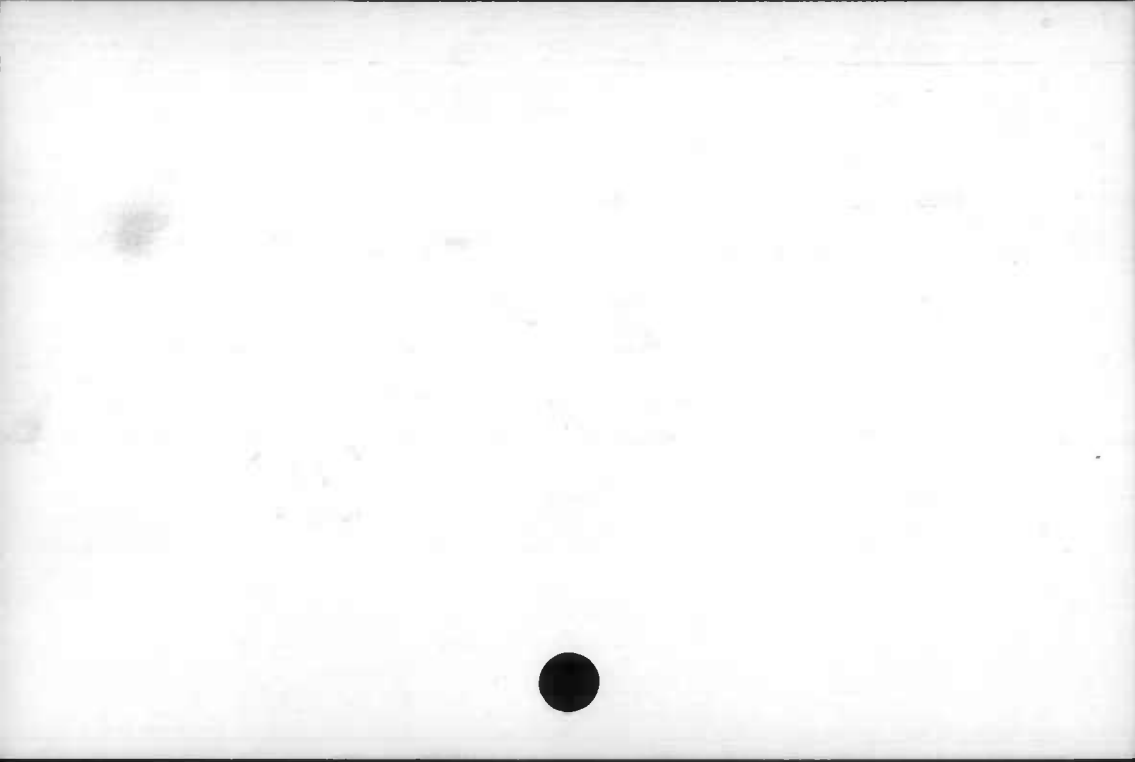
Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician W.S. Maxwell.

Address Still Pond. Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Simon J. Freeman* Town *Millets* County *Kent-* **MARYLAND**

Died at *Millets*

Date of death 1909 *Apr.* *27* Age *67* Months Days

Sex *Male* Color or Race *Black* Birth-place *D.C. B.D. Md*

Occupation *Labourer -* Where Raiding if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *Eiza Freeman*

Father's Name *-* Father's Birthplace *-*

Mother's Maiden Name *Julia Freeman* Mother's Birthplace *-*

Name of person giving Information *S. J. Freeman* How related to deceased *Son*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary *Great debility, Mitral regurgitation several years* How long *79*

Immediate *Cardiac failure* How long *several weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. J. Summers*

Address *614 Sumner*

Accident or Suicide *No*

Hicks

Chester - cemetery



Name  
in  
Full

Robert George

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Rock Hall</u> <sup>Town</sup>		<u>Kent</u> <sup>County</sup>		MARYLAND	
Date of death <u>1909</u>	Month <u>April</u>	Day <u>6</u>	Age <u>42</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Rock Hall</u>		
Occupation <u>none</u>		Where Residing if not at place of death <u>Rock Hall</u>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Robert George</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Rosa Parks</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Robert George</u>			How related to decedent <u>Father</u>		

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <u>Premature Birth</u>	How long <u>1/2 day</u>
Immediate <u>Exhaustion</u>	How long <u>1/2 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. H. Schwartz M.D.</u>
	Address <u>Rock Hall</u> <u>Kent Co Md</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

Alice Jane Gilbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Chesapeake <sup>Town</sup> Kent <sup>County</sup> **MARYLAND**

Date of death 1909 Apr <sup>Month</sup> 10 <sup>Day</sup> Age 44 <sup>Years</sup> 4 <sup>Months</sup> 4 <sup>Days</sup>

Sex Female Color or Race Col Birthplace Ind

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Robt. Gilbert

Father's Name Horace Hodges Father's Birthplace Ind

Mother's Maiden Name Martha Leonard Mother's Birthplace Ind

Name of person giving Information Catherine H. Hodges How related to deceased Sister

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Tuberculosis How long 8 months

Immediate Hemorrhage How long several minutes

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. T. Jones

Address Chesapeake Ind

Accident or Suicide No

Charles Wadd

~~Alice Jane Gentry~~

Remedy in 2 weeks Mark

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Name in Full **Webster E. Johnston** County **Shut** **MARYLAND**

TO BE ANSWERED BY  
NEAREST FRIEND

Died at **near Synch** Town **Shut** County **MARYLAND**  
 Date of death **1909** Month **Apr** Day **13** Age **2** Years **8** Months **26** Days  
 Sex **Male** Color or Race **Black** Birth-place **md**  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed **Single** Name of Wife or Husband \_\_\_\_\_  
 Father's Name **John E. Johnston** Father's Birthplace **md**  
 Mother's Maiden Name **Elvora Hance** Mother's Birthplace **md**  
 Name of person giving Information **John E. Johnston** How related to deceased **father**

CAUSES OF DEATH

**7/**

PHYSICIAN  
OR CORONER

Primary \_\_\_\_\_ How long \_\_\_\_\_  
 Immediate **Convulsions** How long \_\_\_\_\_  
 Are the name, age, sex, color, date and place correctly given above? **Yes** Signature of Physician **L. P. Atwell M.D.**  
 Address **Still Pond md,**  
 Accident or Suicide \_\_\_\_\_

Fountain

Name  
in  
Full

Carrie R Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Charlestown* <sup>County</sup> *Kent* **MARYLAND**

Date of death 190*9* <sup>Month</sup> *Apr* <sup>Day</sup> *27* Age <sup>Years</sup> *12* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Female* Color or Race *Col* Birth-place *—*

Occupation *School girl* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Marshall Jones* Father's Birthplace *Ind*

Mother's Maiden Name *Carrie Griffin* Mother's Birthplace *Ind*

Name of person giving Information *Mother* How related to deceased *—*

## CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

Primary *Tubercular Peritonitis* How long *6 months*

Immediate *Exhaustion* How long *several weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. F. Simpson*

Address *Charlestown Ind*

Accident or Suicide *No*

Chas. L. Dodd  
James M. C. Cemetery



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John  
James H. Kane

Town Millington County Kent MARYLAND

Died at

Date of death 1909 Apr 16 Age 56

Sex Male Color or Race White Birth-place Delaware

Occupation Farmer Where Reiding if not at place of death at home

Married, Single or Widowed Widowed Name of Wife or Husband Emma Kane

Father's Name Major Kane Father's Birthplace Delaware

Mother's Maiden Name Hester A. Jarvis Mother's Birthplace Delaware

Name of person giving Information Wm Kane How related to deceased Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Multiple Sarcoma How long One year

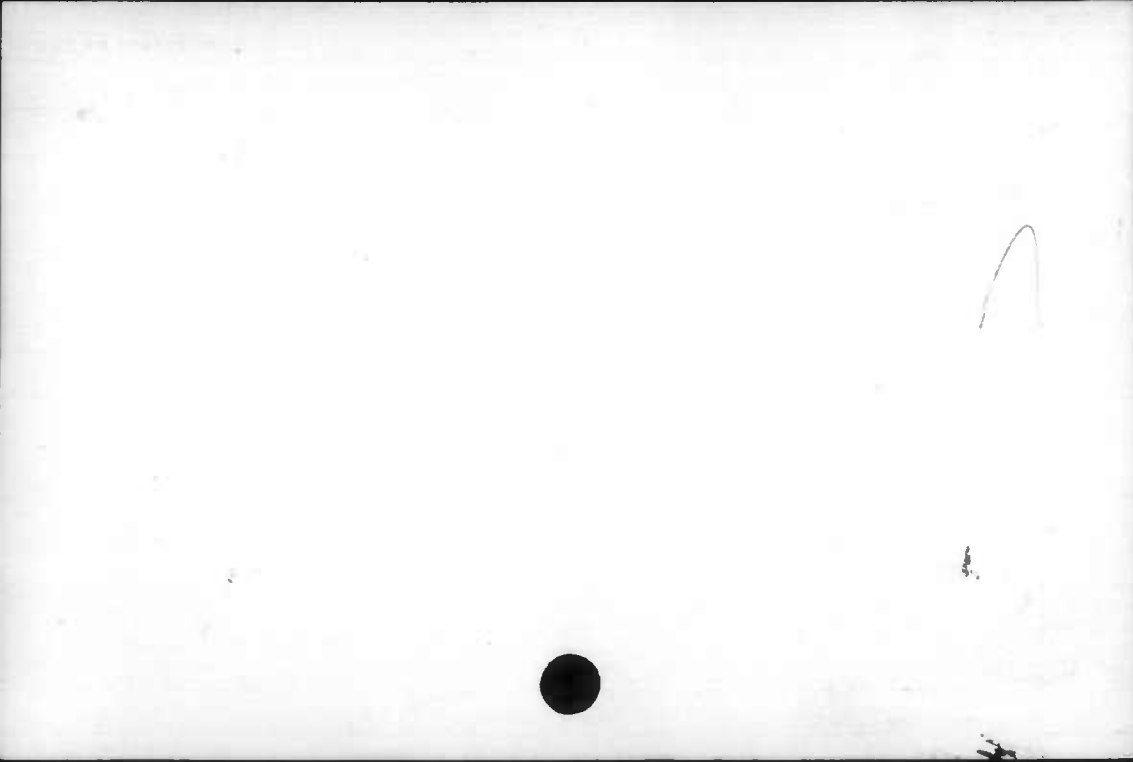
Immediata

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician B. P. Gorman MD

Address Millington Md

Accident or Suicide



Name  
in  
Full

Emma J Legg

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

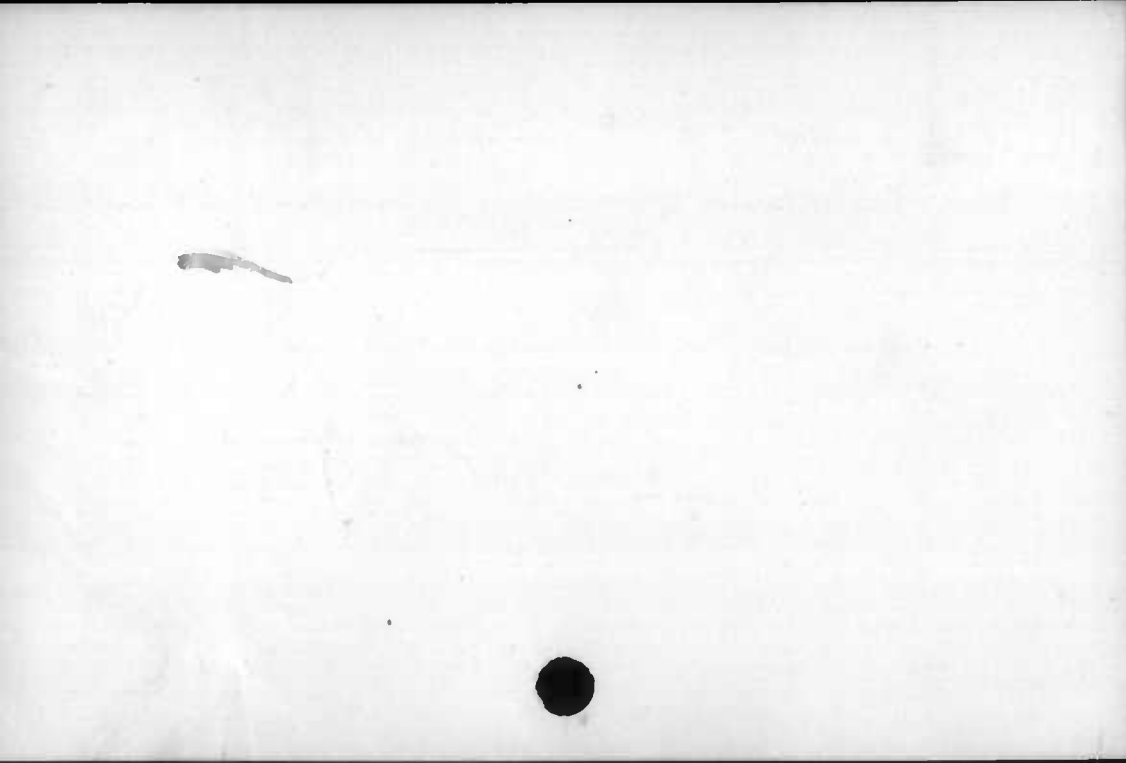
Died at <i>Mar 26</i> Town		County <i>Kent</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>April</i>	Day <i>24</i>	Years <i>1</i>	Months <i>2</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co. Md.</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>William Legg</i>			Father's Birthplace <i>Delaware</i>		
Mother's Maiden Name <i>Mary Ellen Griffith</i>			Mother's Birthplace <i>Penn.</i>		
Name of person giving information <i>William Legg</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<i>Broncho-pneumonia</i>	How long	<i>20 days</i>
Immediate	<i>Meningitis with convulsions</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward A. Scott</i>	
		Address <i>Delaware, Md.</i>	
Accident or Suicide? _____			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Militaria</i> Town		<i>Kent</i> County		MARYLAND	
Date of death	190 <i>9</i> Month <i>April</i>	Day <i>26</i>	Age <i>72</i> Years	Month	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>Farmer</i>	Where Reiding if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Mary Kathryn Salter</i>				
Father's Name <i>David Salter</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>Catherine Farnell</i>	Mother's Birthplace <i>unknown</i>				
Name of person giving Information <i>Arthur Salter</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

47

Primary <i>Rheumatism</i>	How long <i>2 weeks</i>
Immediate <i>Angina</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>I. Frank W. Smith</i>
	Address <i>Ind.</i>
Accident or Suicide <i>Ind</i>	

PHYSICIAN  
OR CORONER

Seika  
Melitola

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Robynna M Micon*

Died at *Chroster* <sup>Town</sup> *Kent* <sup>County</sup>

MARYLAND

Date of death *1909 April 17* Age *48* Months Days

Sex *Female* Color or Race *White* Birth-place *Virginia*

Occupation *House wife* Where Residing if not at place of death *Chroster Town Md*

Married, Single or Widowed *Married* Name of Wife or Husband *J. Roy Micon*

Father's Name *Capt. J. Morrison* Father's Birthplace *Virginia*

Mother's Maiden Name *Katherine H. Harrison* Mother's Birthplace *Virginia*

Name of person giving information *J. Roy Micon* How related to deceased *Husband*

CAUSES OF DEATH

*64*

PHYSICIAN  
OR CORONER

Primary *Arterio-Sclerosis Chronic interstitial nephritis* How long *Several years*

Immediate *Apoplexy* How long *about 18 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Frank B. Arnes M.D.*

Address *Chroster town, Md.*

Accident or Suicide? *no*





Name  
in  
Full

John Munson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Chesapeake		County Kent		MARYLAND	
Date of death		Month Apr.	Day 7	Age	Years 90	Months	Days
Sex Male		Color or Race Eol		Birth-place Md			
Occupation None				Where Residing if not at place of death —			
Married, Single or Widowed Widowed		Name of Wife or Husband Annie Munson					
Father's Name John Munson		Father's Birthplace Md					
Mother's Maiden Name Charlotte Brown		Mother's Birthplace Md					
Name of person giving Information George Munson		How related to deceased Son					

## CAUSES OF DEATH

81

PHYSICIAN  
OR CORONER

Primary Informations of age		How long Several years	
Immediate Arterio sclerosis & Corneal infarction		How long Several months	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician H. G. Simpson	
		Address Chesapeake Md	
Accident or Suicide No			

Chas. Doda

Norton near  
Mendota

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Name  
in  
Full

Charles Richard Perkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Worton</u> Town		County <u>Hent</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Apr</u>	Day <u>13</u>	Age <u>—</u>	Years <u>3</u>	Months <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Adam Perkins</u>		Father's Birthplace <u>md</u>			
Mother's Maiden Name <u>Minne Wheat</u>		Mother's Birthplace <u>md</u>			
Name of person giving Information <u>Adam Perkins</u>		How related to deceased <u>father</u>			

CAUSES OF DEATH

Primary	<u>Bronchitis</u>	<u>90</u> How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

L. P. Atwell M.D.  
Still Pond,  
md.

Accident or Suicide

PHYSICIAN  
OR CORONER

Union

Name  
in  
Full

Samuel Y. Newcomb

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near Worton		<sup>County</sup> Kent		MARYLAND	
Date of death	1909	Month	April	Day	12
Age	61	Years		Months	—
Sex	Male	Color or Race	White	Birth-place	Kent Co Md
Occupation	Farmer	Where Residing if not at place of death Near Worton			
Married, Single or Widowed	Married	Name of Wife or Husband Sarah E. Newcomb			
Father's Name	Thomas Newcomb	Father's Birthplace	Kent Co Md		
Mother's Maiden Name	Edizbeth Newcomb	Mother's Birthplace	Kent Co Md		
Name of person giving Information	Mrs Rebecca Fowler	How related to deceased	Not related		

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Tuberculosis.	How long	6 months.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	Dr. S. Maxwell,
		Address	Still Pond. Md.
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Christown</i> <sup>Town</sup>		<i>New</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i>	<i>Apr.</i> <sup>Month</sup>	<i>17</i> <sup>Day</sup>	Age <i>71</i> <sup>Years</sup>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>New Co. Md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Christown, Md</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Thos. F. Newman</i>				
Father's Name <i>Charles Joseph</i>	Father's Birthplace <i>Balto. Md</i>				
Mother's Maiden Name <i>Celeste Vickery</i>	Mother's Birthplace <i>Balto. Md</i>				
Name of person giving information <i>Miriam J. Hines</i>	How related to deceased <i>Niece</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mitral Regurgitation</i>	How long <i>Annual yrs.</i>
Immediate <i>Angina</i>	How long <i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank B. Hines</i>
	Address <i>Christown, Md.</i>
Accident or Suicide? <i>no</i>	

Chas L Dodd  
St Pauls Cemetery



Name  
In  
Full

Fanny Wickholson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

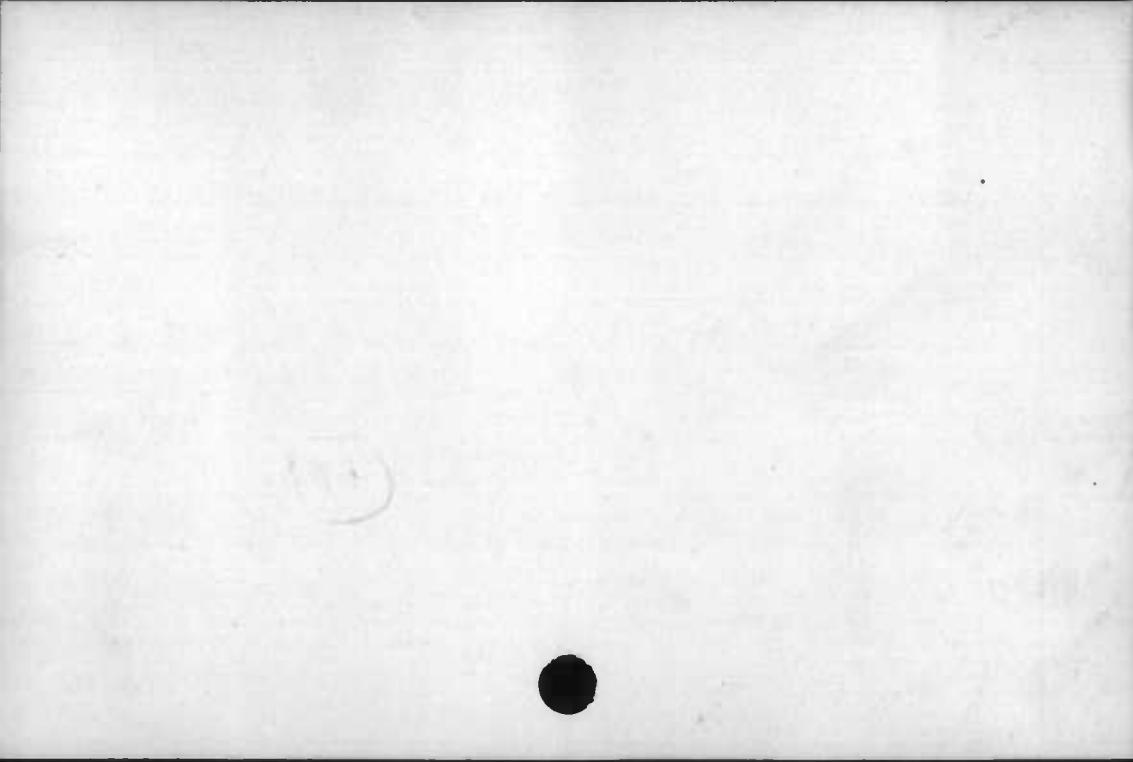
Died at <i>Chesterstown</i> <sup>Town</sup>		<i>Kent.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i>	Month <i>April</i>	Day <i>29</i>	Age <i>93</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>20a Co Md.</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>✓</i>		
Married, Single or Widowed <i>unfined</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Harrison Jackson</i>			How related to deceased <i>none</i>		

## CAUSES OF DEATH

177

PHYSICIAN  
OR CORONER

Primary <i>General Dropsy</i>	How long <i>1 1/2 years</i>
Immediate <i>Heart failure</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. W. Wheland M.D.</i>
	Address <i>Chesterstown Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Thos. Poolman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

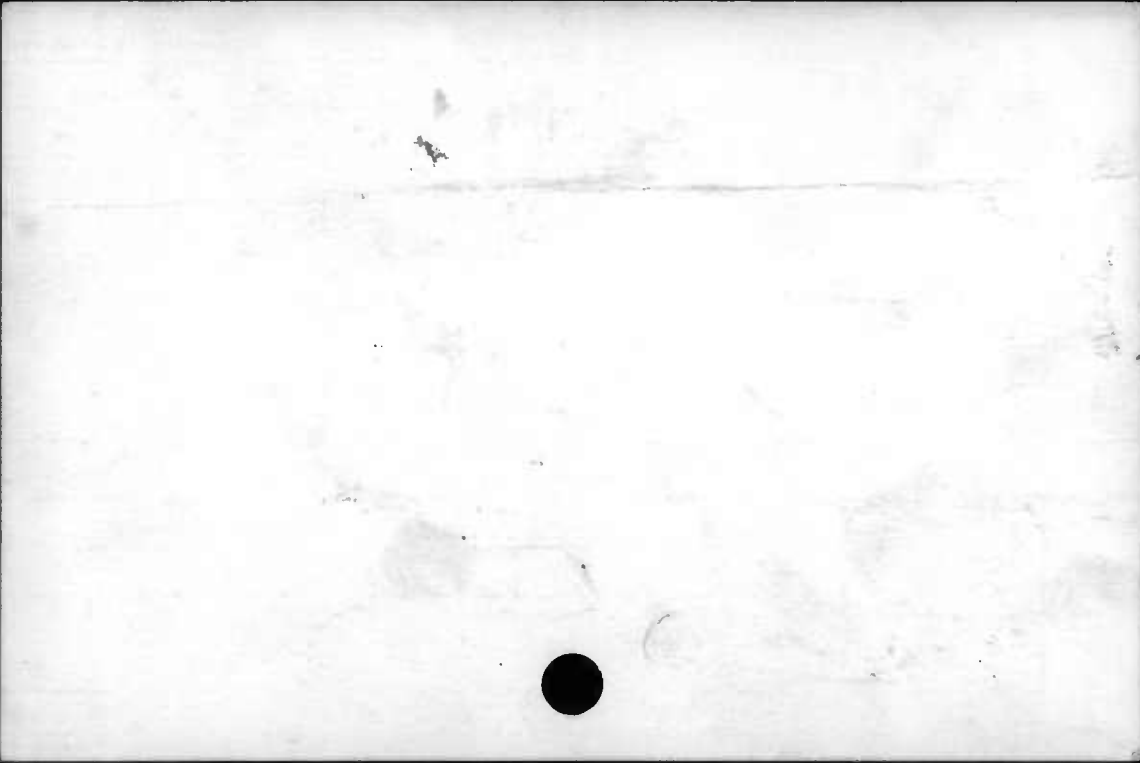
Died at		Town <i>Golt</i>		County <i>Kent</i>		MARYLAND	
Date of death 190		9	Month 4	Day 28	Age 10	Years	Months Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth- place <i>Kent Co. Md.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name <i>Nennie Poolman</i>				Mother's Birthplace <i>Don't know</i>			
Name of person giving Information <i>Nennie Poolman</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>Asthenic Fever</i>	How long	<i>4 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>P. M. Money</i>	
<i>Yes.</i>		Address <i>Sassafras Md.</i>	
Accident or Suicide			



Name  
in  
Full

Baby Rochester

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chester town</i>		<i>Kent</i> County		MARYLAND	
Date of death	1909	Month	April	Day	29
Sex	Female	Color or Race	negro	Age	—
Occupation	—		Birth-place	<i>Chester town kent</i>	
Where Residing if not at place of death			<i>Chester town md</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>David Brown</i>			Father's Birthplace	<i>Kent Co</i>
Mother's Maiden Name	<i>Addie Rochester</i>			Mother's Birthplace	<i>Chester town</i>
Name of person giving Information	<i>Ellen Rochester</i>			How related to deceased	<i>Grandmother</i>

PHYSICIAN  
OR CORONER

CAUSES OF DEATH		How long
Primary	<i>Still Born</i>	
Immediate	—	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician
	<i>no</i>	Address
Accident or Suicide	<i>no</i>	<i>Frank B Hines</i> <i>Chester town md</i>



Name  
in  
Full

Loving Starling

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Chester town Kent

MARYLAND

Date

of death

1909

Month

Apr

Day

5

Years

3

Months

3

Days

13

Sex

male

Color or  
Race

Colored

Birth-  
place

Chester town

Occupation

Infant

Where Residing if not  
at place of death

Chester town

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Widowed

Father's  
Name

John Starling

Father's  
Birthplace

Chester town

Mother's  
Maiden Name

Belle Starling

Mother's  
Birthplace

Chester town

Name of person giving  
Information

Belle Starling

How related  
to deceased

Mother -

## CAUSES OF DEATH

150

Primary

Weak heart

How long

all life

Immediate

Weak heart

How long

very ill week

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

A. B. Zengel

Address

Chester town

Accident or Suicide

no.

Chas L. Dodd.

<sup>NE</sup>  
Jain, Cuckey —  
● Chesterford



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909

April

25

Age

65

Sex

female

Color or  
Race

Black

Birth-  
place

md

Occupation

Housewife

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

widow

Name of Wife or  
Husband

—

Father's  
Name

unknown

Father's  
Birthplace

—

Mother's  
Meiden Nama

unknown

Mother's  
Birthplace

—

Name of parson giving  
Information

Mary L. Filman

How related  
to deceased

daughter

CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary

General Debility

How long

Immediate

Paralysis

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

L. P. Atwell M.D.  
Still Pond  
md.

Accident or Suicide

Fountain City.

Name  
in  
Full

Frake Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Millington* Town *Kent* County *MARYLAND*

Date of death *1907* Month *April* Day *5* Age *68* Years Months Days

Sex *male* Color or Race *Colored* Birth-place *Maryland*

Occupation *Farm hand* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *May Freeman*

Father's Name *Wm. Thomas* Father's Birthplace *Maryland*

Mother's Maiden Name *Lucretia* Mother's Birthplace *Maryland*

Name of person giving information How related to deceased

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary *Influenza* How long *6 or 7 days*

Immediate *Lobar Pneumonia* How long *4 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm. Jeter M.D.* Address *Millington, Md.*

*Geo. C. Townsend* Notary Coroner

Accident or Suicide?



Name  
in  
Full

Sam'l Lillison

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Worton <sup>Town</sup> Heath <sup>County</sup> **MARYLAND**

Date of death 1909 Apr <sup>Month</sup> 18 <sup>Day</sup> Age 23 <sup>Years</sup> Months Days

Sex Male Color or Race W Birth-place MD

Occupation Laborer Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Risden Lillison Father's Birthplace Unknown

Mother's Maiden Name Jane Butler Mother's Birthplace MD

Name of person giving information John E Burgess How related to deceased Nephew

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

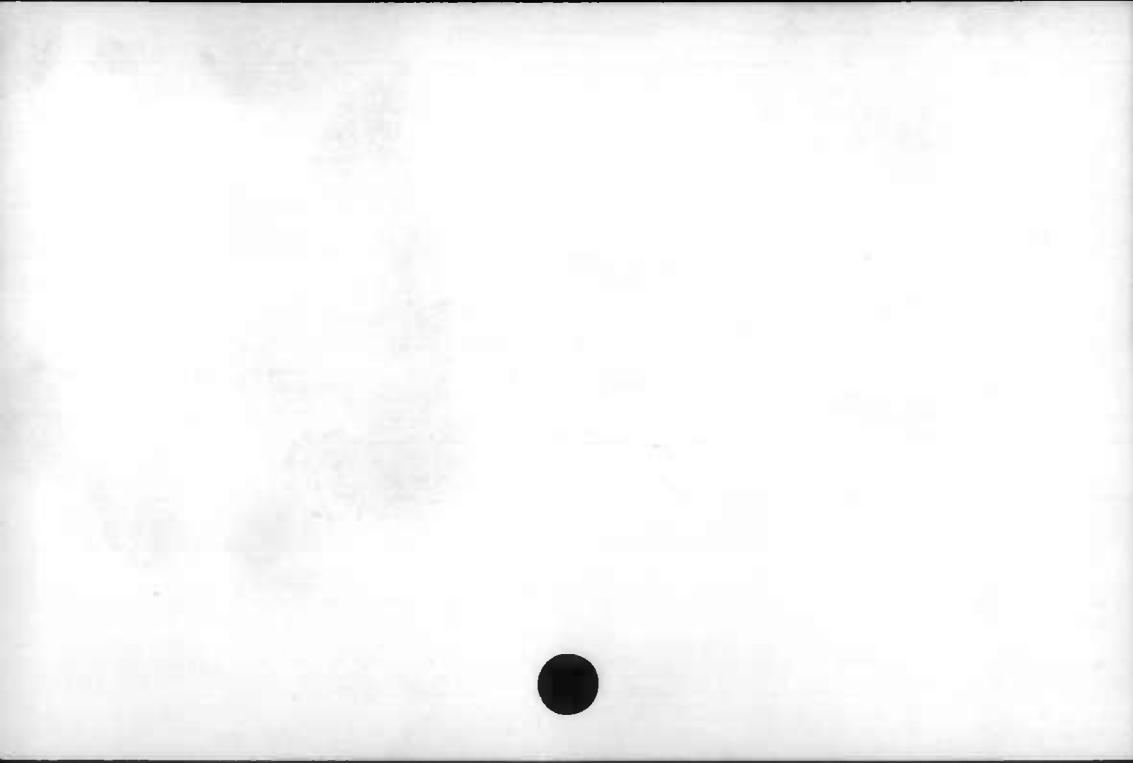
Primary Tuberculosis How long 7 or 8 months

Immediate Exhaustion How long —

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician No. Dr. Attending

Address 114 Summers Ave  
Local Board of Health

Accident or Suicide No



Name  
in  
Full

Sarah A Haddell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

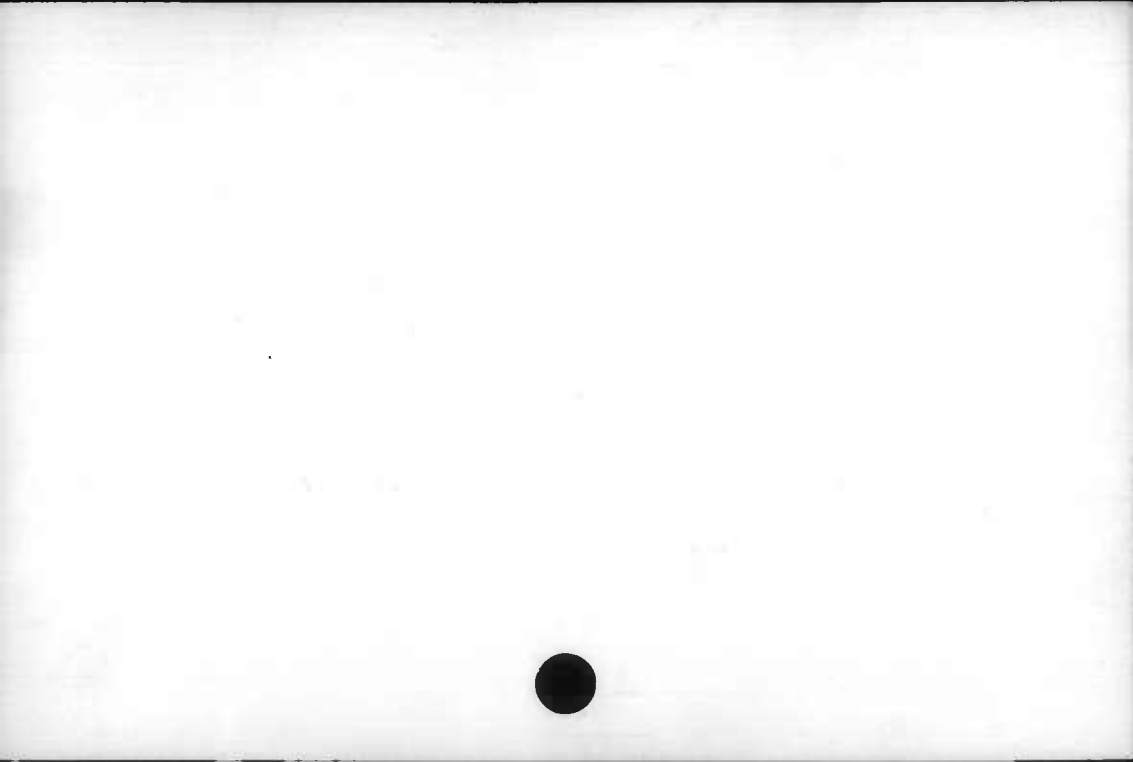
Disd et		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Apr	3	81		11	27
Sex	Female	Color or Race	White		Birth-place	Dorchester Co	
Occupation	Unemployed			Where Residing if not at place of death			
Married, Single or Widowed		Widowed		Name of Wife or Husband			
Fether's Name		Edward Ross			Fether's Birthplace		
Mother's Meiden Name		Don't know			Mother's Birthplace		
Name of person giving Information		Wm H Haddell			How related to deceased		
					Son		

CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary	Bronchitis	How long	12 or 14 years
Immediate	Bronchitis & age	How long	In room a year
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physicen		H. Banger Simmons	
Address		Chestertown Md.	
Accident or Suicide		no	





Name  
in  
Full

Mary Rebecca Walters

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Galena* TownCounty *Kent*Date of death *1909 April*

Month

Day

Age

Years

Months

Days

Sex *Female*Color or  
Race*White*Birth-  
place*Maryland.*

Occupation

*Housewife*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Benj. P. Walters*Father's  
Name*Nicholas Causant*Father's  
Birthplace*Maryland*Mother's  
Maiden Name*Henrietta Mc Daniel*Mother's  
Birthplace*Maryland.*Name of person giving  
In formation*Eduard Walters*How related  
to deceased*Son*

## CAUSES OF DEATH

79

Primary

*Organic Heart & Chronic Nephritis*

How long

*Indefinite*

Immediate

*Edema of the Lungs.*

How long

*6 days.*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Geo. P. Jones M.D.*

Address

*Galena**md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER

Glenn

Not



Name  
in  
Full

Melville Arlington Wilkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rock Hall</i>		Town <i>Rock Hall</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1909 April 19</i>		Month <i>April</i>		Day <i>19</i>		Age <i>30</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Kent Co. Md.</i>		Months <i>5</i>	
Occupation <i>Merchant</i>		Where Residing if not at place of death <i>at place of death</i>		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Emma A. Joiner</i>	
Father's Name <i>Barth J. Wilkins</i>		Father's Birthplace <i>Baltimore Md.</i>		Mother's Maiden Name <i>Endora C. Betton</i>		Mother's Birthplace <i>Baltimore Md.</i>	
Name of person giving Information <i>Frank Wilkins</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>7 days</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter Selby</i>
	Address <i>Rock Hall Md.</i>
Accident or Suicide	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909 April 25				Age			
Sex	female	Color or Race	Black	Birth-place	Md		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	David Wilmer			Father's Birthplace	Md		
Mother's Maiden Name	Berttil Brooks			Mother's Birthplace	Md		
Name of person giving Information	David Wilmer			How related to deceased	father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still Born.	How long	8
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	W.S. Maxwell,
		Address	Still Pond, Md.
Accident or Suicide			

Still Poor &

Name  
in  
Full

Alfred W onnell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Chestertown Town Kent County MARYLAND

Date of death 1909 Month Apr Day 30 Age 60 Years Months Days

Sex Male Color or Race Col Birth-place Ind

Occupation Laborer Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or ~~Husband~~ Mary

Father's Name Richard W onnell Father's Birthplace Ind

Mother's Maiden Name Ellen W onnell Mother's Birthplace Ind

Name of person giving Information Edw Mathews How related to deceased None

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Nephritis How long several years

Immediate Cardiac Failure How long several hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician HG Simpson

Address Chestertown

Accident or Suicide No

